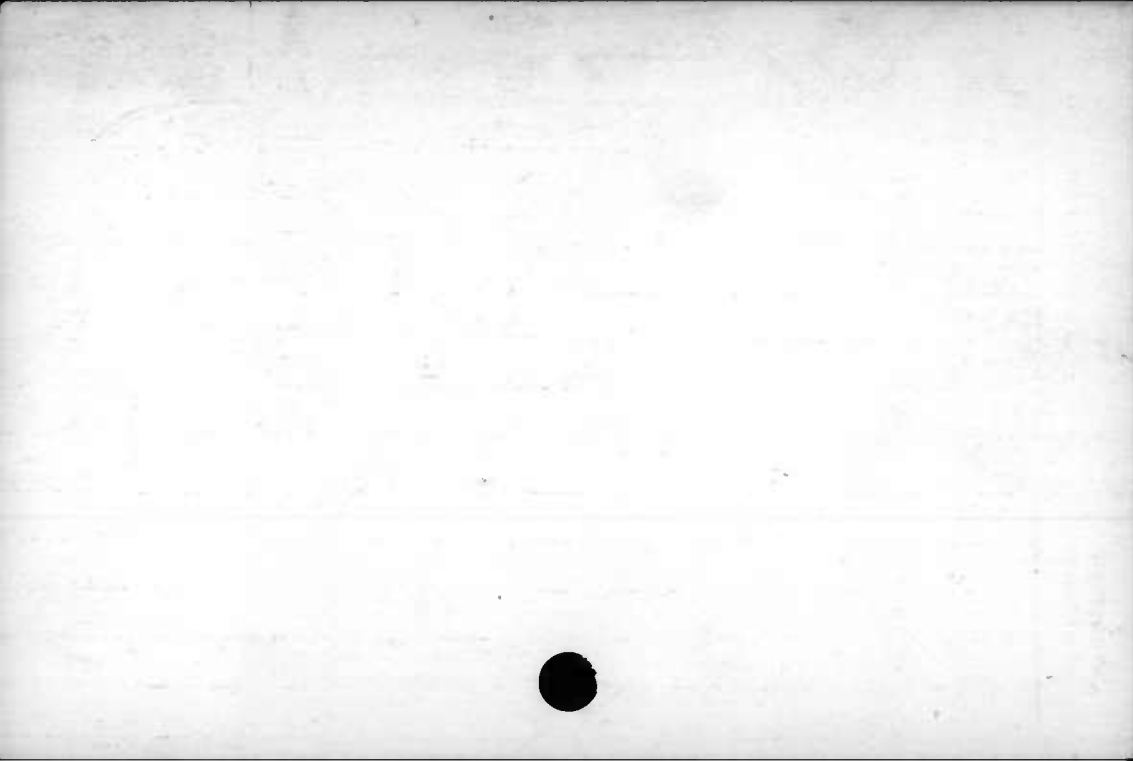


Name
in
Full10
CERTIFICATE OF DEATHTO BE ANSWERED BY
NEAREST FRIEND

James Chambers.		Town		County		MARYLAND	
Died at		Parson wharf.		Calvert			
Date of death	1905	Month	May	Day	27	Age	74
Sex	Male	Color or Race	white	Birth-place	Calvert Co	Months	
Occupation	Postman			Where Residing if not at place of death			
Married, Single	Yes			Name of Wife or Husband			
Mary E. Jones							
Father's Name	Geo. Chambers			Father's Birthplace			
Calvert							
Mother's Maiden Name	Elizabeth Meade			Mother's Birthplace			
Calvert							
Name of person giving information	Mary E. Chambers			How related to deceased			
wife							

CAUSES OF DEATH

Primary	Pistol shot. (Suicide)	How long	15 min.
Immediate	Cerebr. Hemorrhage	How long	1 1/2 hours.
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	Chas. Buscar
		Address	Mt. Airy
			md
Accident or Suicide?			



Name
in
Full

L. Jackson Chase

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at *Huntington* TownCounty *Culbert*

MARYLAND

Date

of death *1905*Month *May*Day *11*

Years

Age *1*Months *2*Days *27*Sex *male*Color or
Race *Negro*Birth-
place *Cul. Co.*

Occupation

Where Residing if not
at place of deathMarried, Single
or Widowed ☒Name of Wife or
HusbandFather's
Name *General Chase*Father's
Birthplace *Cul. Co.*Mother's
Maiden Name *Eliza Hallen*Mother's
Birthplace *" "*Name of person giving
information *General Chase*How related
to deceased *Father*

CAUSES OF DEATH

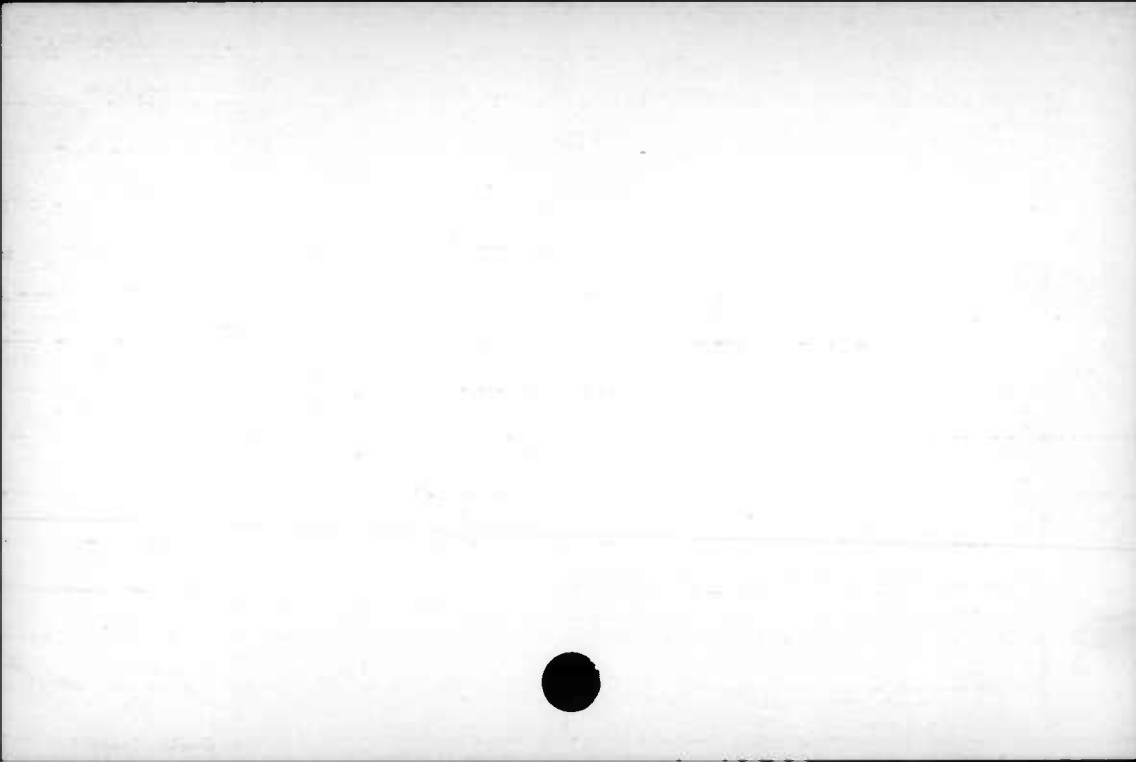
Primary *Malnutrition*How long *1 year*Immediate *Exhaustion*

How long

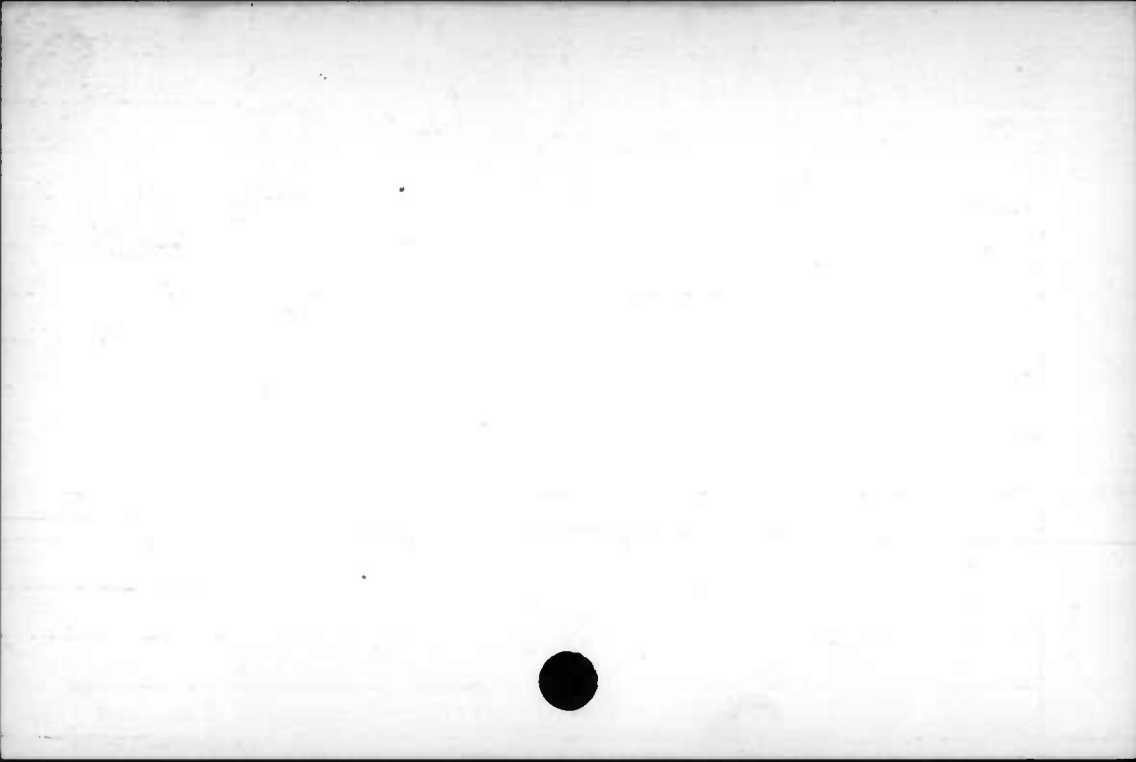
Are the name, age, sex, color, date
and place correctly given above? *yes*Signature of
Physician *J. W. Litch*Address *Huntington*

Accident or Suicide?

PHYSICIAN
OR CORONER



Name in Full		Mary Chase				CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND		Died at		Town Huntingtown	County Calvert		MARYLAND		
		Date of death	1905	Month May	Day 17	Years 80		Months	Days
		Sex	Female	Color or Race		Black		Birth-place	Cal. Leo
		Occupation						Where Residing if not at place of death	
		Married, Single or Widowed						Name of Wife or Husband Henson Gorman	
PHYSICIAN OR CORONER		Father's Name Not Obtainable				Father's Birthplace			
		Mother's Maiden Name				Mother's Birthplace			
		Name of person giving information Holiday Blake				How related to deceased Mother in law			
		CAUSES OF DEATH							
PHYSICIAN OR CORONER		Primary Asthma				How long 7 yrs			
		Immediate Dilatation of Heart & Dropsy				How long			
		Are the name, age, sex, color, date and place correctly given above? Yes				Signature of Physician J. W. Leitch			
						Address Huntingtown			
		Accident or Suicide?							



Name
in
Full

Eucelina Gray

CERTIFICATE OF DEATH

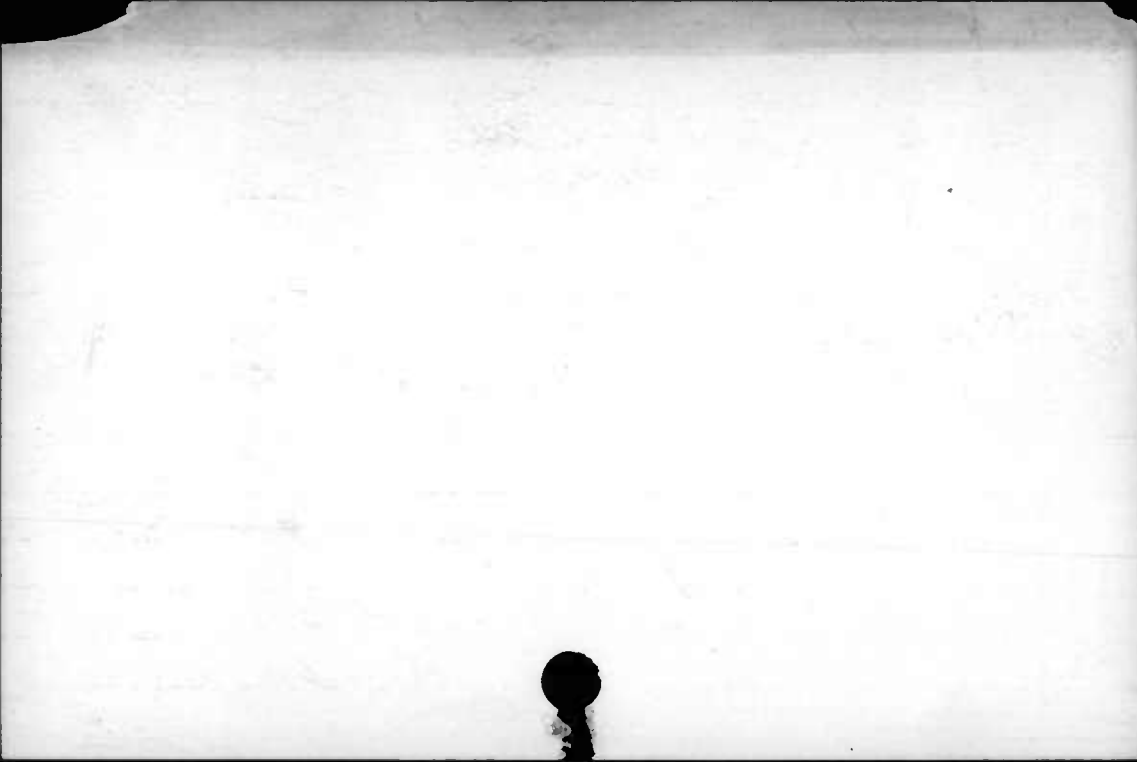
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Huntingtown</i>		Town <i>Cecil</i>		County <i>Cecil</i>		MARYLAND	
Date of death <i>1905</i>	Month <i>May</i>	Day <i>17</i>	Age <i>64</i>	Years	Months	Days	
Sex <i>Female</i>	Color or Race <i>Black</i>		Birth-place <i>Cal. lev.</i>				
Occupation <i>House wife</i>		Where Residing if not at place of death					
Married, Single or Widowed		Name of Wife or Husband <i>Jacob Ray</i>					
Father's Name <i>Robert Gray</i>		Father's Birthplace <i>Cal. lev.</i>					
Mother's Maiden Name <i>Susan Chase</i>		Mother's Birthplace <i>" "</i>					
Name of person giving information <i>Jacob Ray</i>		How related to deceased <i>Husband</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Fall from buggy</i>	How long
Immediate	<i>Stroke</i>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>J. W. Leitch</i>	Address <i>Huntingtown</i>
Accident or Suicide? <i>Accident</i>		



Name

in

Full

CERTIFICATE OF DEATH

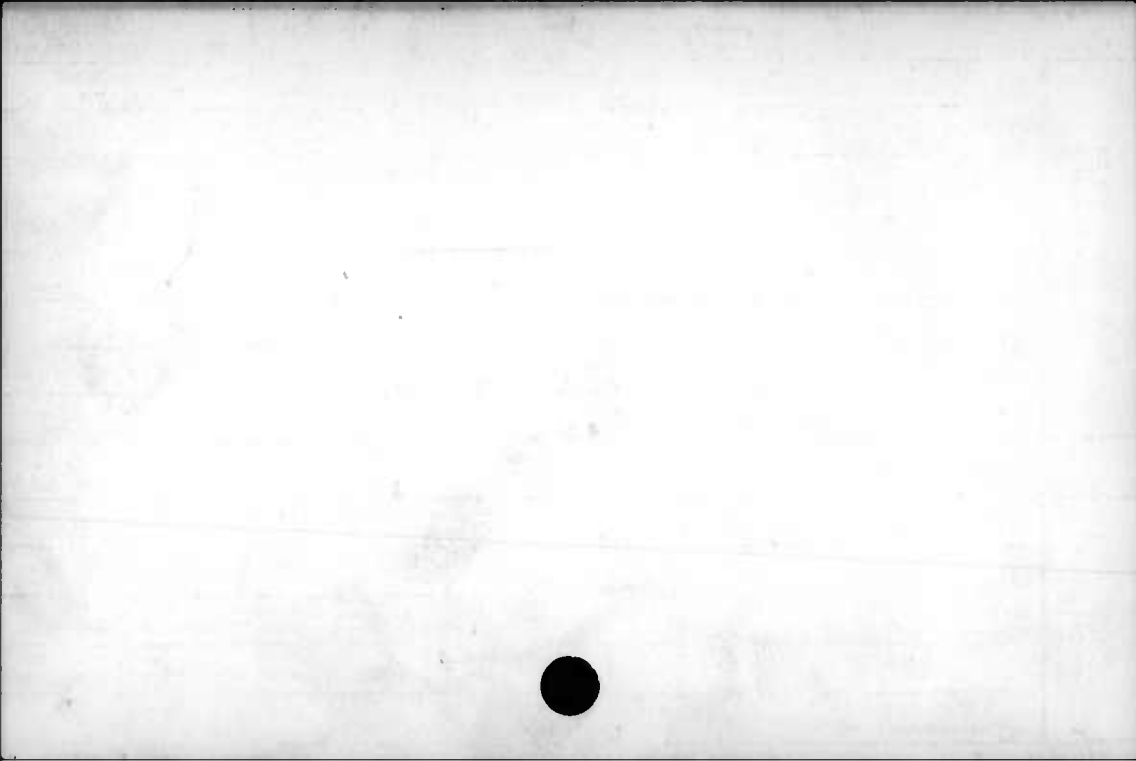
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Adelina</i>		County <i>Calvert</i>		MARYLAND	
Date of death		Month	Day	Years	Months	Days	
<i>1905</i>		<i>May</i>	<i>8</i>	<i>5-8</i>			
Sex	Color or Race		Birth-place				
<i>Man</i>	<i>Color</i>		<i>Calvert County</i>				
Occupation				Where Residing if not at place of death			
<i>Laborer</i>							
Married, Single or Widowed		Name of Wife or Husband					
<i>Married</i>		<i>Jane Gross</i>					
Father's Name		Father's Birthplace					
<i>Thomas Groves</i>		<i>Calvert Co</i>					
Mother's Maiden Name		Mother's Birthplace					
<i>Emma Hutton</i>		<i>Calvert Co</i>					
Name of person giving Information		How related to deceased					
<i>Mat Johnson</i>		<i>Brother</i>					

CAUSES OF DEATH

Primary	<i>Heart failure</i>	How long
Immediate		How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician
		<i>J. Frank Leach</i>
		Address
		<i>Baltimore</i>
Accident or Suicide?		

PHYSICIAN
OR CORONER



Name
in
Full

Maria Louisa Groves

CERTIFICATE OF DEATH

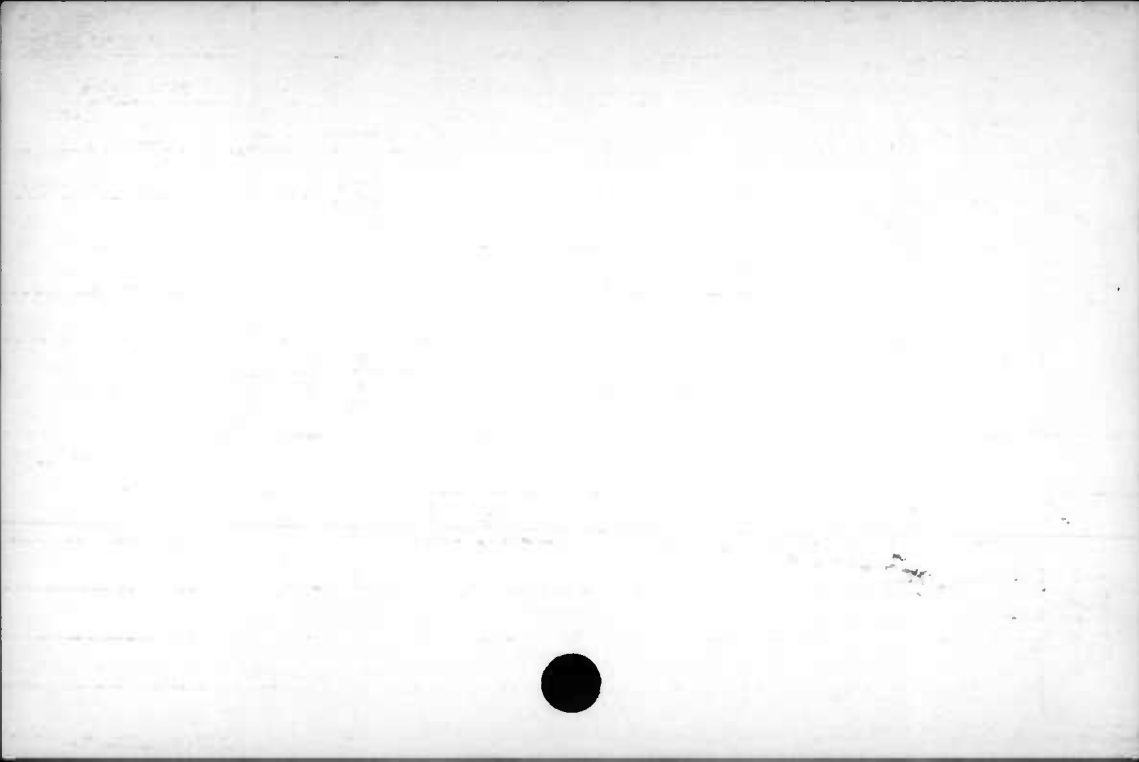
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Trayon</i> Town		<i>Calvert</i> County		MARYLAND	
Date of death	<i>1905</i>	Month <i>May</i>	Day <i>28</i>	Age <i>19</i>	Months <i>5</i> Days <i>-</i>
Sex <i>Female</i>	Color or Race <i>Colored</i>		Birthplace <i>Calvert Co</i>		
Occupation <i>None</i>		Where Residing if not at place of death			
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband				
Father's Name <i>Daniel Groves</i>	Father's Birthplace <i>Calvert Co</i>		Mother's Birthplace <i>Calvert Co</i>		
Mother's Maiden Name <i>Wenilla Taylor</i>	Name of person giving information <i>Wenilla Groves</i>		How related to deceased <i>mother</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Pulmonary Phthisis</i>	How long <i>about 5 mos</i>
Immediate <i>Exhaustion</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Dr. F. Chambers MD</i>
	Address <i>Lucy, Calvert Co</i>
Accident or Suicide?	



Name
in
Full

Still Borned infant

CERTIFICATE OF DEATH

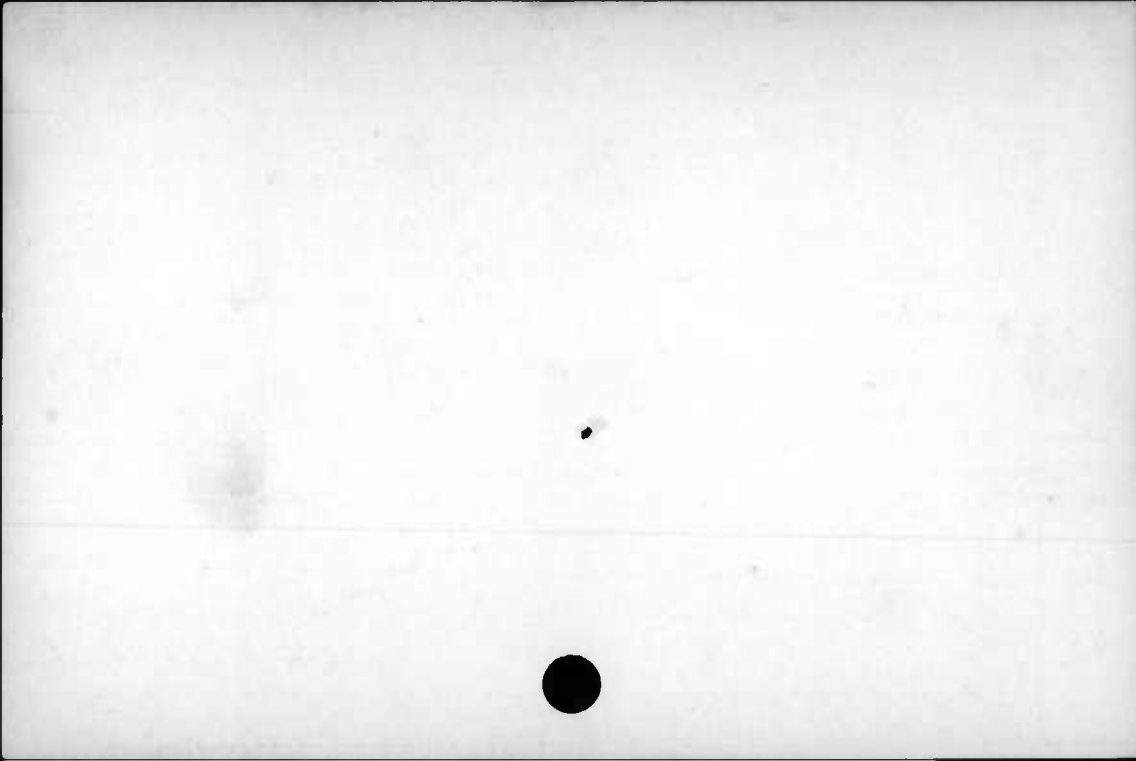
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>near Central</i>		Town		County		MAYLAND	
Date of death 1905	Month <i>May</i>	Day <i>14</i>	Age Years		Months		Days
Sex <i>Callow</i>		Color or Race <i>Callow</i>		Birth- place <i>Calvert Co</i>			
Married, Single and Widowed			Occupation				
Name of Wife or Husband							
Father's Name <i>John C. Johnson</i>				Father's Birthplace <i>Calvert Co</i>			
Mother's Maiden Name <i>Sarah R. Gross</i>				Mother's Birthplace			
Name of person giving In formation <i>Sarah R. Gross</i>				How related to deceased <i>mother</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Still born</i>	How long
Immediate		How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician
		Address
Accident or Suicide?		<i>E. Brooks & Bros</i>



Name
in
Full

Martha Smith

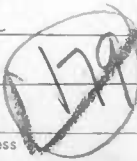
CERTIFICATE OF DEATH

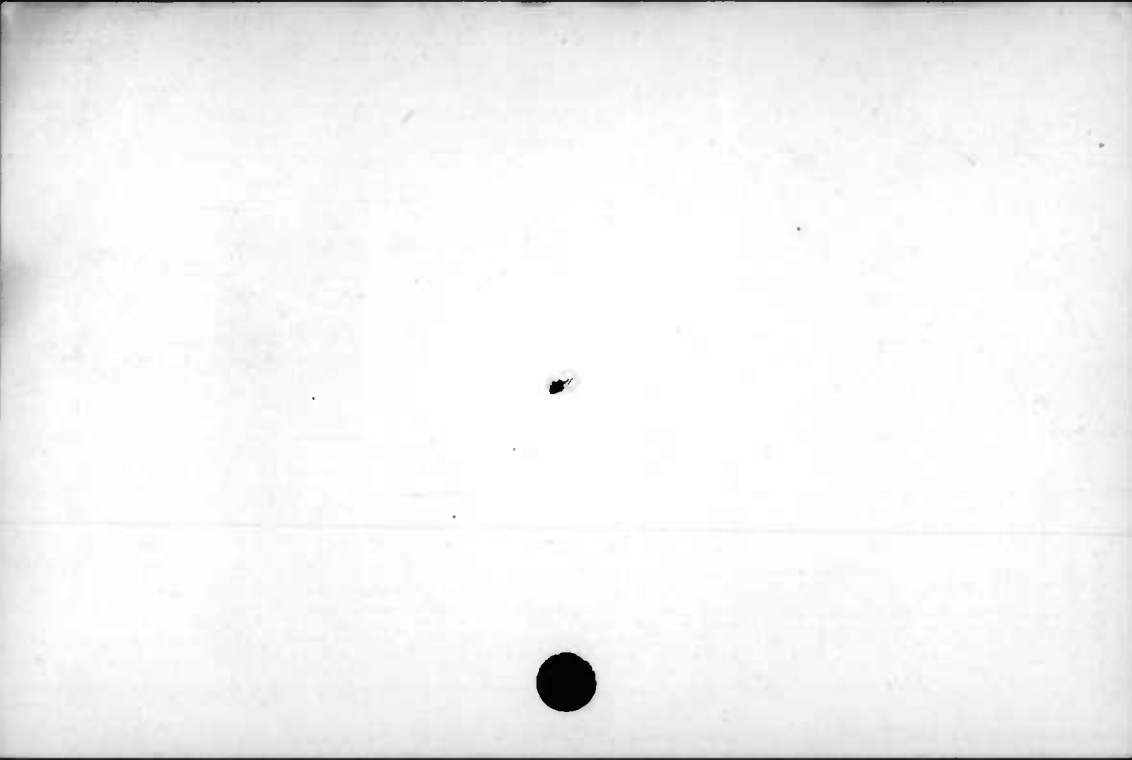
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Island Creek</i>		Town <i>Calvert</i>		County	
Date of death <i>1905 May</i>		Month	Day <i>13</i>	Years <i>34</i>	Months
Sex <i>Female</i>	Color or Race <i>Colored</i>	Birthplace <i>Calvert Co</i>		Days	
Occupation <i>House Keeping</i>		Where Residing if not at place of death <i>at home</i>			
Married, Single or Widowed	Name of Wife or Husband <i>John B Smith</i>				
Father's Name <i>Daniel Butler</i>	Father's Birthplace <i>Calvert Co</i>				
Mother's Maiden Name <i>Martha Baker</i>	Mother's Birthplace <i>" "</i>				
Name of person giving information <i>John B. Smith</i>	How related to deceased <i>Husband</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>not known</i>	How long
Immediate		How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician	
	Address	
Accident or Suicide?	<i>L. Brooks & Bros</i>	



Name
in
Full

Lillie Gross / Michael Gross

CERTIFICATE OF DEATH

MARYLAND

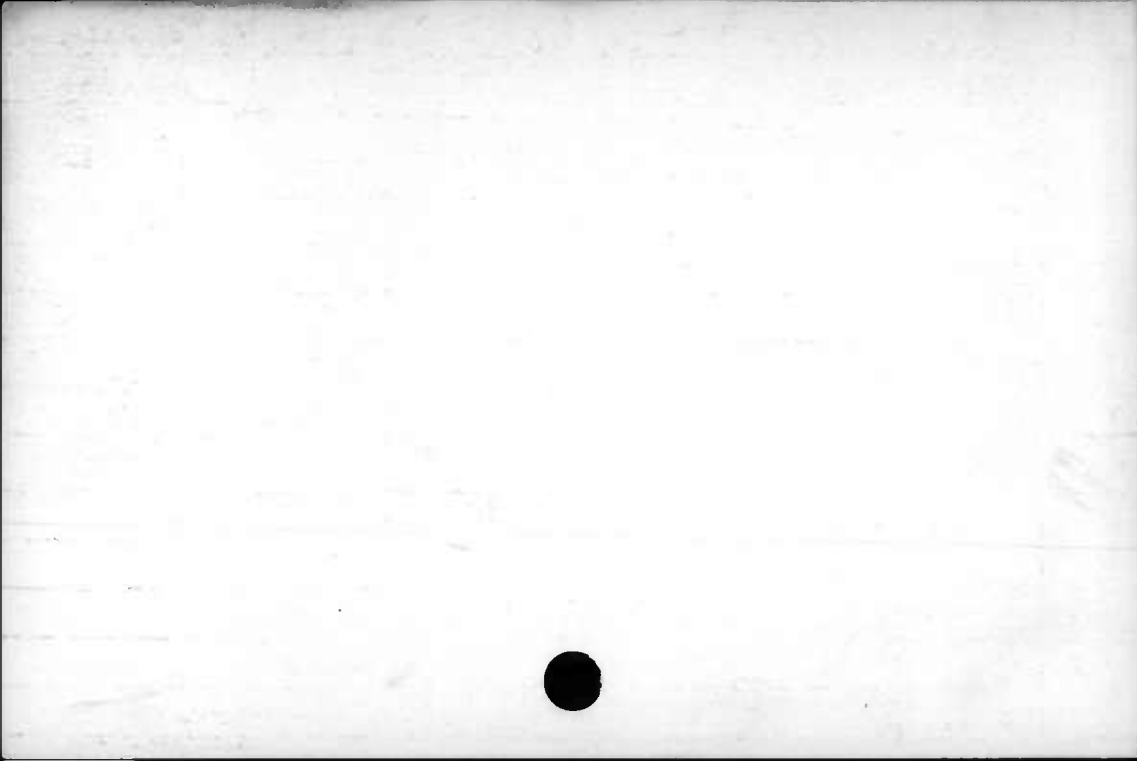
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Lumb</u>		Town <u>Colony</u>		County <u>Colony</u>	
Date of death <u>1905</u>	Month <u>May</u>	Day <u>1</u>	Age <u>-</u>	Years <u>-</u>	Months <u>-</u>
Sex <u>Boy</u>	Color or Race <u>Colony</u>	Birth-place <u>Lumb</u>			
Occupation			Where Residing if not at place of death		
Married, Single or Widowed		Name of Wife or Husband			
Father's Name <u>Rob. Gross</u>		Father's Birthplace <u>Colony</u>			
Mother's Maiden Name <u>Lillie Gross</u>		Mother's Birthplace <u>Colony</u>			
Name of person giving information <u>R. H. B. - put</u>		How related to deceased <u>same</u>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>not known</u>	How long <u>1 day</u>
Immediate <u>not known</u>	How long <u>1 day</u>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>R. H. B. - put</u>
	Address <u>not known</u>
Accident or Suicide?	



Name
in
Full

Richard Weems

CERTIFICATE OF DEATH

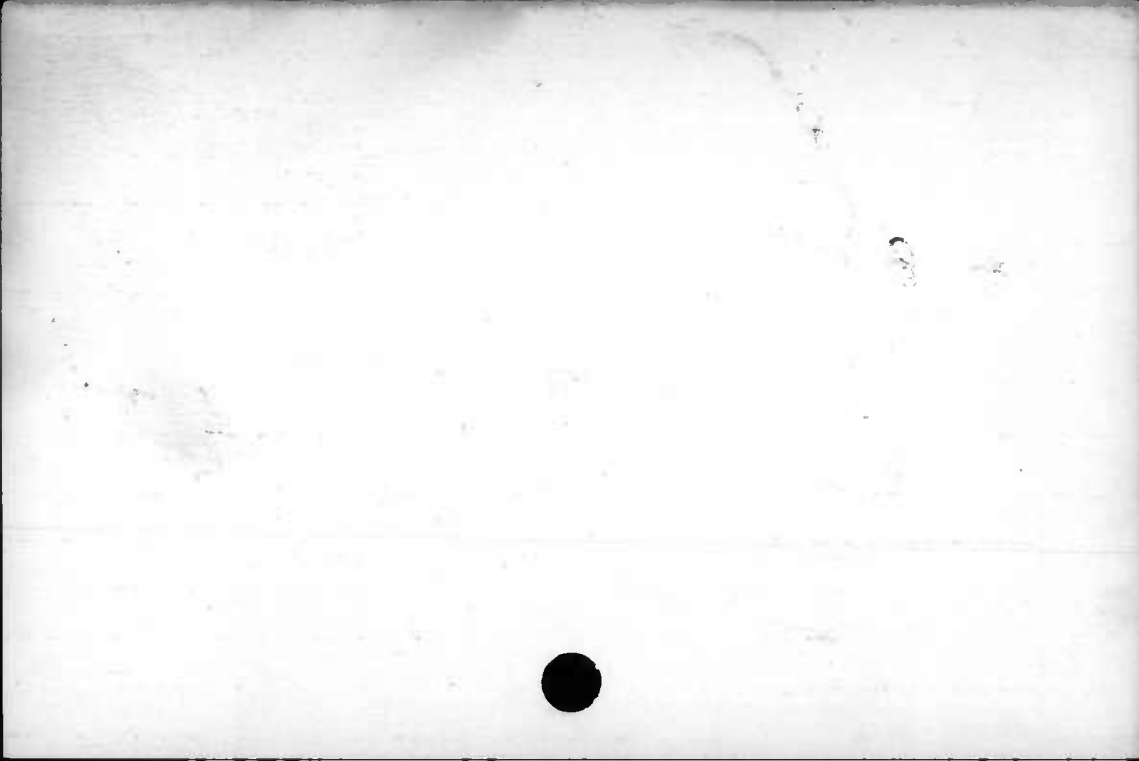
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Cove Point</i>		County <i>Calvert</i>		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1905		May	1st	-	-	-	9
Sex		Color or Race		Birth-place			
Male		Colored		Calvert co md			
Occupation				Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband					
Single							
Father's Name				Father's Birthplace			
Richard Weems				Calvert co			
Mother's Maiden Name				Mother's Birthplace			
Mary Elizabeth Harrod				Calvert co			
Name of person giving information				How related to deceased			
Eliza Diggs				Aunt			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary		Heavy Cold		How long		7 day	
Immediate		Exhaustion		How long			
Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		Dr L Tucker undertaker	
				Address		Cove Point	
						Calvert co md	
Accident or Suicide?							



Name
in
Full

Elmer Ethelbert Wilson

CERTIFICATE OF DEATH

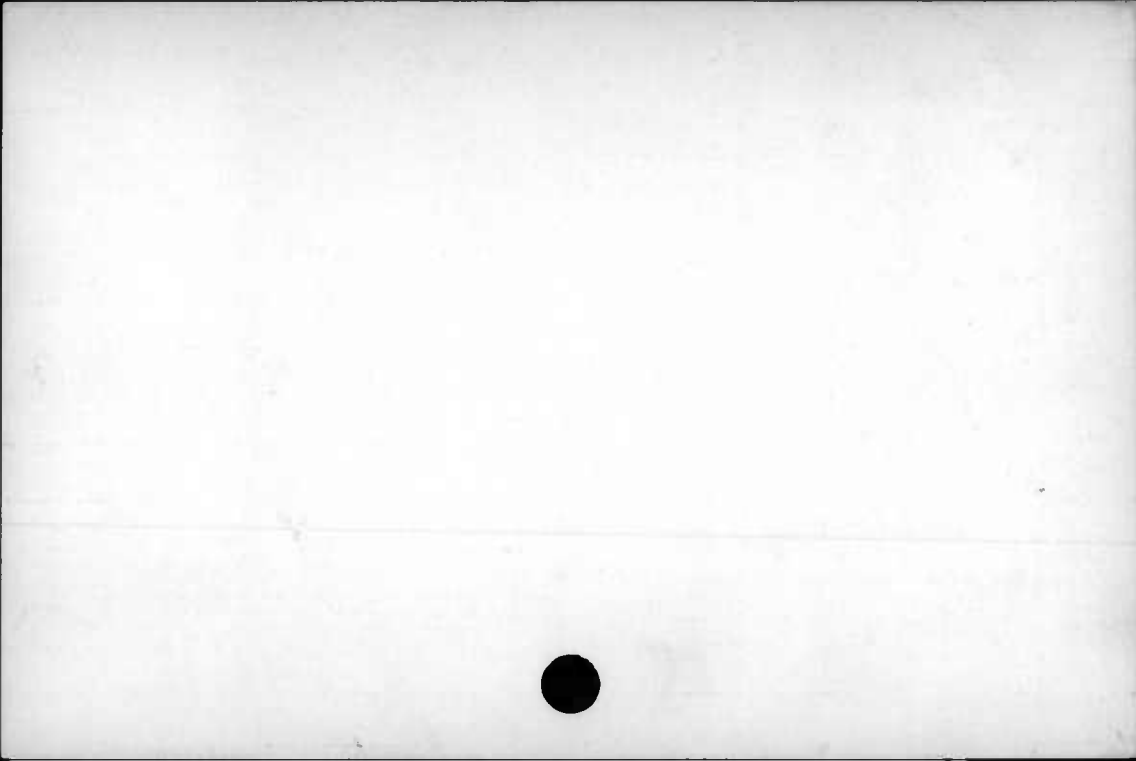
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Lusby</i> <small>Town</small>		<i>Calvert</i> <small>County</small>		MARYLAND	
Date of death 190 <i>5</i>	<i>May</i> <small>Month</small>	<i>27</i> <small>Day</small>	Age <i>-</i> <small>Years</small>	<i>-</i> <small>Months</small>	<i>4 1/2</i> <small>Days</small>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Calvert Co</i>		
Married, Single or Widowed <i>-</i>			Occupation <i>-</i>		
Name of Wife or Husband <i>-</i>					
Father's Name <i>William J. Wilson</i>			Father's Birthplace <i>Calvert</i>		
Mother's Maiden Name <i>Agnes Hardesty</i>			Mother's Birthplace <i>Calvert</i>		
Name of person giving information <i>William J. Wilson</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Inflammation of Cord</i> 137	How long <i>2 days</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Dr. J. Tucker Underhill</i>
	Address <i>Coon Point Calvert Co.</i>
Accident or Suicide?	<i>Other</i>



Name
in
Full

Elizabeth Young

CERTIFICATE OF DEATH

TO BE ANSWERED BY
1 NEAREST FRIEND

Died at <i>Brown Island</i>		County <i>Robert</i>		MARYLAND	
Date of death <i>1905</i>	Month <i>May</i>	Day <i>19</i>	Age <i>74</i>	Months <i>—</i>	Days <i>—</i>
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Baltimore</i>			
Occupation <i>Housewife</i>		Where Residing if not at place of death <i>Brown Island</i>			
Married, Single or Widowed <i>Widow</i>	Name of Wife or Husband <i>John T Young</i>				
Father's Name <i>Joseph W Sterling</i>	Father's Birthplace <i>Scotland</i>				
Mother's Maiden Name <i>Sarah Sterling</i>	Mother's Birthplace <i>Washington</i>				
Name of person giving Information <i>John Young</i>		How related to deceased <i>Son</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	How long
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>[Signature]</i>
<i>Heart depression</i>	Address <i>Bowen's</i>
Accident or Suicide?	

